

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

HCR MANOR CARE PAC

Report Covering the Period: From: / / To: / /

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2012"/> | | 17327.88 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 15985.58 | |
| (c) Total Receipts (from Line 19) | 49747.50 | 158617.15 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 65733.08 | 175945.03 |
| 7. Total Disbursements (from Line 31)..... | 55311.49 | 165523.44 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 10421.59 | 10421.59 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
HCR MANOR CARE PAC

Report Covering the Period: From: / / To: / /

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 44953.96 | 126024.46 |
| (ii) Unitemized | 4790.54 | 32586.80 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 49744.50 | 158611.26 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 49744.50 | 158611.26 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 3.00 | 5.89 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶ | 49747.50 | 158617.15 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 49747.50 | 158617.15 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 61.49 | 223.44 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 61.49 | 223.44 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 35500.00 | 129000.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 19750.00 | 36300.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 55311.49 | 165523.44 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 55311.49 | 165523.44 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 49744.50 | 158611.26 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 49744.50 | 158611.26 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 61.49 | 223.44 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 61.49 | 223.44 |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 OF 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Charlean Adams
Full Name (Last, First, Middle Initial)
Mailing Address 219 Evergreen Ln
City Twin Lakes State WI Zip Code 53181
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR Manor Care, Inc. Occupation Administrator
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 780.95

Date of Receipt 09 / 28 / 2012
Transaction ID : SA11AI.35940
Amount of Each Receipt this Period 232.05
Bi-Weekly Payroll Deduction

B. Kelly R Adler
Full Name (Last, First, Middle Initial)
Mailing Address 14929 Sandstone Place
City Grand Haven State MI Zip Code 49417
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR ManorCare Occupation Administrator
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 334.60

Date of Receipt 09 / 28 / 2012
Transaction ID : SA11AI.35939
Amount of Each Receipt this Period 234.22
Bi-Weekly Payroll Deduction

C. Martin D Allen
Full Name (Last, First, Middle Initial)
Mailing Address 7151 Whispering Oak
City Sylvania State OH Zip Code 43560
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR ManorCare Inc. Occupation AVP / Dir Internal Aud & Risk
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3461.52

Date of Receipt 09 / 28 / 2012
Transaction ID : SA11AI.35937
Amount of Each Receipt this Period 1346.17
Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶ 1812.44
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Jeffrey R Amann
 Full Name (Last, First, Middle Initial)
 Mailing Address 5100 Newton Ave. South
 City State Zip Code
 Minneapolis MN 55419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HCR ManorCare Regional Director of Operation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 761.52

Date of Receipt
 09 / 28 / 2012
Transaction ID : SA11AI.35936
 Amount of Each Receipt this Period
 444.22
 Bi-Weekly Payroll Deduction

B. Sandy K Annesser
 Full Name (Last, First, Middle Initial)
 Mailing Address 808 Continental
 City State Zip Code
 Waterville OH 43566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HCR ManorCare, Inc. CBO Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 405.18

Date of Receipt
 09 / 28 / 2012
Transaction ID : SA11AI.35935
 Amount of Each Receipt this Period
 134.61
 Bi-Weekly Payroll Deduction

C. Michael Armstrong
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 N. Remington Rd.
 City State Zip Code
 Bexley OH 43209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HCR ManorCare Inc. Administrator
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 410.84

Date of Receipt
 09 / 28 / 2012
Transaction ID : SA11AI.35934
 Amount of Each Receipt this Period
 106.09
 Bi-Weekly Payroll Deduction

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 684.92 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 OF 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)
A. Nancy Ayers

Mailing Address 5184 N Quail Crest Dr

City Grand Rapids State MI Zip Code 49546

FEC ID number of contributing federal political committee. **C**

Name of Employer HCR Manor Care Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **281.19**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2012
Transaction ID : SA11AI.35931

Amount of Each Receipt this Period
151.41

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)
B. Terri Ballesteros

Mailing Address 4230 Durado Court

City Placerville State CA Zip Code 95667

FEC ID number of contributing federal political committee. **C**

Name of Employer HCR Manor Care, Inc. Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **245.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2012
Transaction ID : SA11AI.35930

Amount of Each Receipt this Period
70.00

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)
C. Paul J Barber

Mailing Address 6240 N. Broadway

City Freeport State MI Zip Code 49325

FEC ID number of contributing federal political committee. **C**

Name of Employer HCR ManorCare, Inc. Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **483.21**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2012
Transaction ID : SA11AI.35929

Amount of Each Receipt this Period
260.19

Bi-Weekly Payroll Deduction

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 481.60 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 OF 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Ms Tammy Barker
Full Name (Last, First, Middle Initial)
Mailing Address 4521 Sutton Rd
City Britton State MI Zip Code 49229
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR Manor Care, LLC. Occupation AVP - Quality Support Svcs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1074.96

Date of Receipt 09 / 28 / 2012
Transaction ID : SA11AI.35928
Amount of Each Receipt this Period 376.95
Bi-Weekly Payroll Deduction

B. Susan L. Barnosky
Full Name (Last, First, Middle Initial)
Mailing Address 3243 Arbor Lane
City Hamilton State MI Zip Code 49419
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR Manor Care, Inc. Occupation Administrator
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 418.00

Date of Receipt 09 / 28 / 2012
Transaction ID : SA11AI.35927
Amount of Each Receipt this Period 266.00
Bi-Weekly Payroll Deduction

C. L Jennifer Baron
Full Name (Last, First, Middle Initial)
Mailing Address 557 Jefferson St.
City Pittsburgh State PA Zip Code 15237
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR Manor Care, Inc Occupation Administrator
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 255.00

Date of Receipt 09 / 28 / 2012
Transaction ID : SA11AI.35926
Amount of Each Receipt this Period 70.00
Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 712.95
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Joseph Barrick | | Date of Receipt MM / DD / YYYY 09 / 28 / 2012 Transaction ID : SA11AI.35925 |
| Mailing Address 448 Woodcrest Drive | | Amount of Each Receipt this Period 197.26 |
| City Mechanicsburg | State PA | Zip Code 17050 |
| FEC ID number of contributing federal political committee. C | | Bi-Weekly Payroll Deduction |
| Name of Employer HCR Manor Care, Inc. | Occupation Administrator - York South | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 560.17 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Kimberley K Bassett | | Date of Receipt MM / DD / YYYY 09 / 28 / 2012 Transaction ID : SA11AI.35924 |
| Mailing Address 208 E. Scott | | Amount of Each Receipt this Period 307.51 |
| City Tuscola | State IL | Zip Code 61953 |
| FEC ID number of contributing federal political committee. C | | Bi-Weekly Payroll Deduction |
| Name of Employer HCR ManorCare | Occupation Director of Quality Improvement | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 571.09 | |

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Lynne M Bauerschmidt | | Date of Receipt MM / DD / YYYY 09 / 28 / 2012 Transaction ID : SA11AI.35922 |
| Mailing Address 7060 Middlebury | | Amount of Each Receipt this Period 210.00 |
| City Lambertville | State MI | Zip Code 48144 |
| FEC ID number of contributing federal political committee. C | | Bi-Weekly Payroll Deduction |
| Name of Employer HCR ManorCare Inc. | Occupation Internal Training Lead | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 390.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 714.77 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)
A. Ms Julie Beckert
 Mailing Address 3911 Buell
 City Toledo State OH Zip Code 43613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR Manor Care, Inc. Occupation Director of Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **1140.00**

Date of Receipt **09 / 28 / 2012**
Transaction ID : SA11AI.35921
 Amount of Each Receipt this Period **420.00**
 Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)
B. Jean Tina Blahofski
 Mailing Address 4266 Weston Dr
 City Weston Lakes State TX Zip Code 77441
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR Manor Care, Inc. Occupation Regional Director of Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **285.00**

Date of Receipt **09 / 28 / 2012**
Transaction ID : SA11AI.35920
 Amount of Each Receipt this Period **60.00**
 Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)
C. James R Bolton
 Mailing Address 2209 Bayward Blvd
 City Wilmington State DE Zip Code 19802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR Manor Care, Inc. Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **538.75**

Date of Receipt **09 / 28 / 2012**
Transaction ID : SA11AI.35919
 Amount of Each Receipt this Period **138.75**
 Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **618.75**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Michelle Boyle-Haughney
Full Name (Last, First, Middle Initial)

Mailing Address 1008 Sparrow Way

City Breiningsville State PA Zip Code 18031

FEC ID number of contributing federal political committee. **C**

Name of Employer HCR Manor Care, Inc. Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **303.80**

Date of Receipt
MM / DD / YYYY
09 / 28 / 2012

Transaction ID : SA11AI.35916

Amount of Each Receipt this Period
106.33

Bi-Weekly Payroll Deduction

B. David Burke
Full Name (Last, First, Middle Initial)

Mailing Address 425 Kingwood Rd

City Linthicum Heights State MD Zip Code 21090

FEC ID number of contributing federal political committee. **C**

Name of Employer HCR ManorCare Inc. Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **636.48**

Date of Receipt
MM / DD / YYYY
09 / 28 / 2012

Transaction ID : SA11AI.35915

Amount of Each Receipt this Period
300.00

Bi-Weekly Payroll Deduction

C. Charlotte Butts Price Leonard
Full Name (Last, First, Middle Initial)

Mailing Address 911 Fieldstone Way

City West Palm Beach State FL Zip Code 33413

FEC ID number of contributing federal political committee. **C**

Name of Employer HCR Manor Care, Inc. Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **585.81**

Date of Receipt
MM / DD / YYYY
09 / 28 / 2012

Transaction ID : SA11AI.35914

Amount of Each Receipt this Period
206.43

Bi-Weekly Payroll Deduction

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 612.76 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 OF 62 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Shirley D Cabildo
 Full Name (Last, First, Middle Initial)
 Mailing Address 38 Bentley Court
 City Bedminster State NJ Zip Code 07921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare Inc. Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 459.99

Date of Receipt 09 / 28 / 2012
Transaction ID : SA11AI.35913
 Amount of Each Receipt this Period 134.61
 Bi-Weekly Payroll Deduction

B. Janet I Cantelo
 Full Name (Last, First, Middle Initial)
 Mailing Address 19219 Revere Rd.
 City Mokena State IL Zip Code 60448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 259.60

Date of Receipt 09 / 28 / 2012
Transaction ID : SA11AI.35911
 Amount of Each Receipt this Period 181.72
 Bi-Weekly Payroll Deduction

C. Javier Cavero
 Full Name (Last, First, Middle Initial)
 Mailing Address 3077 N. Oakland Forest Dr. #202
 City Oakland Park State FL Zip Code 33309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare Inc. Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 445.78

Date of Receipt 09 / 28 / 2012
Transaction ID : SA11AI.35908
 Amount of Each Receipt this Period 140.00
 Bi-Weekly Payroll Deduction

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 456.33 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Mr. William Chenevert
 Full Name (Last, First, Middle Initial)
 Mailing Address 2018 N. Rosemary
 City Tucson State AZ Zip Code 85716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR.ManorCare, Inc. Occupation Regional Director of Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt 09 / 28 / 2012
Transaction ID : SA11AI.35907
 Amount of Each Receipt this Period 961.50
 Bi-Weekly Payroll Deduction

B. Karen R Clark
 Full Name (Last, First, Middle Initial)
 Mailing Address 1129 West Hunter
 City Nevada State MO Zip Code 64772
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR Manor Care, Inc. Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 28 / 2012
Transaction ID : SA11AI.35904
 Amount of Each Receipt this Period 175.00
 Bi-Weekly Payroll Deduction

C. Ms. Cecilia Credille
 Full Name (Last, First, Middle Initial)
 Mailing Address 534 Hevern Drive
 City Wheaton State IL Zip Code 60187
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR.ManorCare, Inc. Occupation Regional Director of Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 02 / 2012
Transaction ID : SA11AI.35664
 Amount of Each Receipt this Period 500.00
 Contribution

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1636.50 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Johanna Crowder
 Full Name (Last, First, Middle Initial)
 Mailing Address 31524 Delaware
 City Livonia State MI Zip Code 48150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR. Manor Care, Inc Occupation Manager of Market Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **811.50**

Date of Receipt **09 / 28 / 2012**
Transaction ID : SA11AI.35903
 Amount of Each Receipt this Period **245.00**
 Bi-Weekly Payroll Deduction

B. Karen Davidson
 Full Name (Last, First, Middle Initial)
 Mailing Address 612 West Magnolia
 City Pana State IL Zip Code 62557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR Manor Care, Inc Occupation DCS - Clinical Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **1062.00**

Date of Receipt **09 / 28 / 2012**
Transaction ID : SA11AI.35899
 Amount of Each Receipt this Period **300.00**
 Bi-Weekly Payroll Deduction

C. David K Donin
 Full Name (Last, First, Middle Initial)
 Mailing Address 11608 Everglade Court
 City North Potomac State MD Zip Code 20878
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR Manor Care, Inc Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **341.15**

Date of Receipt **09 / 28 / 2012**
Transaction ID : SA11AI.35898
 Amount of Each Receipt this Period **96.15**
 Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **641.15**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 16 OF 62 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Ms. Jennifer Dudd | | Date of Receipt MM / DD / YYYY 09 / 28 / 2012 Transaction ID : SA11AI.35897 |
| Mailing Address 5313 Selago Dr | | Amount of Each Receipt this Period 175.00 |
| City Keller | State TX | Zip Code 76244 |
| FEC ID number of contributing federal political committee. C | | Bi-Weekly Payroll Deduction |
| Name of Employer HCR Manor Care, LLC. | Occupation Administrator | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 430.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Ms Nancy Edwards | | Date of Receipt MM / DD / YYYY 09 / 28 / 2012 Transaction ID : SA11AI.35896 |
| Mailing Address 9261 Lerwick Dr | | Amount of Each Receipt this Period 384.56 |
| City Dublin | State OH | Zip Code 43017 |
| FEC ID number of contributing federal political committee. C | | Bi-Weekly Payroll Deduction |
| Name of Employer HCR.ManorCare, Inc. | Occupation General Manager, Central Division | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2884.59 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Linda J Emmett | | Date of Receipt MM / DD / YYYY 09 / 28 / 2012 Transaction ID : SA11AI.35894 |
| Mailing Address 10408 Meadowlark Ct. East | | Amount of Each Receipt this Period 280.00 |
| City Bonney Lake | State WA | Zip Code 98391 |
| FEC ID number of contributing federal political committee. C | | Bi-Weekly Payroll Deduction |
| Name of Employer HCR ManorCare Inc. | Occupation Regional Director of Operations | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 730.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 839.56 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Lisa Evans
 Full Name (Last, First, Middle Initial)
 Mailing Address 24013 22nd Ave West
 City Bothell State WA Zip Code 98021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR Manor Care Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2012
Transaction ID : SA11AI.35893
 Amount of Each Receipt this Period 175.00
 Bi-Weekly Payroll Deduction

B. R Michael Ferguson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2450 Underhill Rd
 City Toledo State OH Zip Code 43615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare Inc. Occupation VP & Dir of Purchasing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2726.76

Date of Receipt 09 / 28 / 2012
Transaction ID : SA11AI.35892
 Amount of Each Receipt this Period 1344.00
 Bi-Weekly Payroll Deduction

C. Laura L Flannigan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1700 Argonne Dr.
 City Concord State CA Zip Code 94518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR Manor Care, Inc. Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 544.64

Date of Receipt 09 / 28 / 2012
Transaction ID : SA11AI.35889
 Amount of Each Receipt this Period 102.12
 Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶ 1621.12
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 18 OF 62 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. A. Louise Forsha | | Date of Receipt MM / DD / YYYY 08 / 31 / 2012 Transaction ID : SA11AI.35703 |
| Mailing Address P. O. Box 418 | | Amount of Each Receipt this Period 500.00 |
| City Albrightsville | State PA | Zip Code 18210 |
| FEC ID number of contributing federal political committee. C | Credit Card Contribution | |
| Name of Employer HCR Manor Care, Inc. | Occupation Administrator - Hampton House | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. George Frill | | Date of Receipt MM / DD / YYYY 09 / 28 / 2012 Transaction ID : SA11AI.35883 |
| Mailing Address 2006 Hale Ct | | Amount of Each Receipt this Period 170.24 |
| City Wyomiseing | State PA | Zip Code 19610 |
| FEC ID number of contributing federal political committee. C | Bi-Weekly Payroll Deduction | |
| Name of Employer HCR Manor Care, Inc. | Occupation Administrator - Laureldale | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 483.88 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Ms. Sally Gates | | Date of Receipt MM / DD / YYYY 09 / 28 / 2012 Transaction ID : SA11AI.35881 |
| Mailing Address 2011 20th Lane | | Amount of Each Receipt this Period 175.00 |
| City Palm Beach Gardens | State FL | Zip Code 33418 |
| FEC ID number of contributing federal political committee. C | Bi-Weekly Payroll Deduction | |
| Name of Employer HCR.ManorCare, Inc. | Occupation Regional Director of Operations | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 465.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 845.24 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 OF 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Mr. Leonard Grabijas
Full Name (Last, First, Middle Initial)

Mailing Address 2682 Ravine Side North

City State Zip Code
Howell MI 48843

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR Manor Care, LLC. VP Sales & Mktng

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **888.42**

Date of Receipt
MM / DD / YYYY
09 / 28 / 2012

Transaction ID : SA11AI.35876

Amount of Each Receipt this Period
403.83

Bi-Weekly Payroll Deduction

B. Ruth G Graziano
Full Name (Last, First, Middle Initial)

Mailing Address 503 Elk Mills Road

City State Zip Code
Oxford PA 19363

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR ManorCare Inc. Regional Director of Operation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.02**

Date of Receipt
MM / DD / YYYY
09 / 28 / 2012

Transaction ID : SA11AI.35875

Amount of Each Receipt this Period
430.78

Bi-Weekly Payroll Deduction

C. Andrew Green
Full Name (Last, First, Middle Initial)

Mailing Address 3808 Parkridge Circle

City State Zip Code
Sarasota FL 34243

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR ManorCare Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **279.18**

Date of Receipt
MM / DD / YYYY
09 / 28 / 2012

Transaction ID : SA11AI.35874

Amount of Each Receipt this Period
177.66

Bi-Weekly Payroll Deduction

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1012.27 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)
A. Jill L Hale

Mailing Address 366 Burlington Rd

City Jackson State OH Zip Code 45640

FEC ID number of contributing federal political committee. **C**

Name of Employer HCR Manor Care, Inc. Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2012
Transaction ID : SA11AI.35869

Amount of Each Receipt this Period
175.00

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)
B. Ms Gayla M Haley

Mailing Address 239 County Rd

City Tenaha State TX Zip Code 75974

FEC ID number of contributing federal political committee. **C**

Name of Employer HCR ManorCare, LLC Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **539.84**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2012
Transaction ID : SA11AI.35868

Amount of Each Receipt this Period
190.40

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)
C. Karen Harris

Mailing Address 8250 SW 8th St

City North Lauderdale State FL Zip Code 33068

FEC ID number of contributing federal political committee. **C**

Name of Employer HCR ManorCare Inc. Occupation Assistant Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **582.27**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2012
Transaction ID : SA11AI.35865

Amount of Each Receipt this Period
203.77

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ **569.17**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 OF 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Mr. Alan Hash | | Date of Receipt 09 / 28 / 2012 Transaction ID : SA11AI.35864 |
| Mailing Address 9496 South Dunbar Circle | | Amount of Each Receipt this Period 700.00 |
| City South Jordan | State UT | Zip Code 84095 |
| FEC ID number of contributing federal political committee. C | Bi-Weekly Payroll Deduction | |
| Name of Employer HCR Manor Care, Inc. | Occupation Regional Director - Western Division 5 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1535.42 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Deborah Heath | | Date of Receipt 09 / 28 / 2012 Transaction ID : SA11AI.35863 |
| Mailing Address 6752 Sheppard Road | | Amount of Each Receipt this Period 121.17 |
| City Adrian | State MI | Zip Code 49221 |
| FEC ID number of contributing federal political committee. C | Bi-Weekly Payroll Deduction | |
| Name of Employer HCR ManorCare | Occupation Admin Dir Of Nursing Services | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 207.72 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Kevin C Henricks | | Date of Receipt 09 / 28 / 2012 Transaction ID : SA11AI.35861 |
| Mailing Address 23636 W. Chicago St. Unit 102 | | Amount of Each Receipt this Period 205.00 |
| City Plainfield | State IL | Zip Code 60544 |
| FEC ID number of contributing federal political committee. C | Bi-Weekly Payroll Deduction | |
| Name of Employer HCR ManorCare Inc. | Occupation Regional Director of Operation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 705.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1026.17 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

| | | |
|--|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Elizabeth B. Hill | | Date of Receipt |
| Mailing Address 1285 Sunhill Drive | | <input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2012"/> |
| City | State | Zip Code |
| Lawrenceville | GA | 30043 |
| FEC ID number of contributing federal political committee. | | Transaction ID : SA11AI.35860 |
| <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="28.75"/> |
| Name of Employer | Occupation | Bi-Weekly Payroll Deduction |
| HCR.ManorCare, Inc. | Administrator | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="403.80"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Timothy M Hock | | Date of Receipt |
| Mailing Address 8054 Tillicum Grove North | | <input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2012"/> |
| City | State | Zip Code |
| Rockford | MI | 49341 |
| FEC ID number of contributing federal political committee. | | Transaction ID : SA11AI.35858 |
| <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="403.83"/> |
| Name of Employer | Occupation | Bi-Weekly Payroll Deduction |
| HCR ManorCare Inc. | Regional Director of Ops | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="749.97"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Rebecca Hollingsead | | Date of Receipt |
| Mailing Address 558 N Hillcrest | | <input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2012"/> |
| City | State | Zip Code |
| Decatur | IL | 62522 |
| FEC ID number of contributing federal political committee. | | Transaction ID : SA11AI.35854 |
| <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="284.20"/> |
| Name of Employer | Occupation | Bi-Weekly Payroll Deduction |
| HCR Manor Care | Director Clinical Services | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="812.07"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="716.78"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 OF 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Sharon R Holmes | | Date of Receipt |
| Mailing Address 3207 N. 27th St. | | <input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2012"/> |
| City Tacoma | State WA | Zip Code 98407 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : SA11AI.35853 |
| Name of Employer HCR Manor Care, Inc. | | Amount of Each Receipt this Period <input type="text" value="140.00"/> |
| Occupation Administrator in Training | | Bi-Weekly Payroll Deduction |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="400.00"/> | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Lynn M Hood | | Date of Receipt |
| Mailing Address 15415 Meadow Wood Dr | | <input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2012"/> |
| City Wellington | State FL | Zip Code 33414 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : SA11AI.35852 |
| Name of Employer HCR ManorCare Inc. | | Amount of Each Receipt this Period <input type="text" value="360.00"/> |
| Occupation Asst General Mgr | | Bi-Weekly Payroll Deduction |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="1530.00"/> | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Kathryn Hoops | | Date of Receipt |
| Mailing Address 24708 McCutchenville Road | | <input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2012"/> |
| City Perrysburg | State OH | Zip Code 43551 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : SA11AI.35851 |
| Name of Employer HCR.ManorCare, Inc. | | Amount of Each Receipt this Period <input type="text" value="1470.00"/> |
| Occupation VP of Tax | | Bi-Weekly Payroll Deduction |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="2310.00"/> | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="1970.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text" value=""/> |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 OF 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Ms Kate Gieroczynski Huck | | Date of Receipt MM / DD / YYYY 09 / 28 / 2012 Transaction ID : SA11AI.35849 |
| Mailing Address 65 Washington St | | Amount of Each Receipt this Period 151.41 |
| City Topton | State PA | Zip Code 19562 |
| FEC ID number of contributing federal political committee. C | Bi-Weekly Payroll Deduction | |
| Name of Employer HCR ManorCare, LLC | Occupation Administrator | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 426.58 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Patricia Hudson | | Date of Receipt MM / DD / YYYY 09 / 28 / 2012 Transaction ID : SA11AI.35848 |
| Mailing Address 1733 Ashfield Dr | | Amount of Each Receipt this Period 25.00 |
| City Maumee | State OH | Zip Code 43537 |
| FEC ID number of contributing federal political committee. C | Bi-Weekly Payroll Deduction | |
| Name of Employer HCR Manor Care, Inc. | Occupation Reg. Director of 4H | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Kathleen Hutchison | | Date of Receipt MM / DD / YYYY 09 / 28 / 2012 Transaction ID : SA11AI.35846 |
| Mailing Address 2692 Elton Circle | | Amount of Each Receipt this Period 80.00 |
| City Lambertville | State MI | Zip Code 48144 |
| FEC ID number of contributing federal political committee. C | Bi-Weekly Payroll Deduction | |
| Name of Employer HCR Manor Care, Inc. | Occupation Director Human Resources Ops Support | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 340.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 256.41 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 OF 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Ms Diane Johnson
Full Name (Last, First, Middle Initial)
Mailing Address 206 Ruth Road
City Fleetwood State PA Zip Code 19522
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR.ManorCare, Inc. Occupation Regional Director of Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 850.00

Date of Receipt 09 / 28 / 2012
Transaction ID : SA11AI.35843
Amount of Each Receipt this Period 200.00
Bi-Weekly Payroll Deduction

B. Robert G Julius
Full Name (Last, First, Middle Initial)
Mailing Address 3321 Pelham Rd
City Ottawa Hills State OH Zip Code 43606
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR Manor Care, Inc. Occupation Mgr. Business Office Process Dev.
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 778.99

Date of Receipt 09 / 28 / 2012
Transaction ID : SA11AI.35840
Amount of Each Receipt this Period 309.61
Bi-Weekly Payroll Deduction

C. Lisa J. Jurski
Full Name (Last, First, Middle Initial)
Mailing Address 1934 Delence Street
City Toledo State OH Zip Code 43605
FEC ID number of contributing federal political committee. **C**
Name of Employer HCR.ManorCare, Inc. Occupation Director - Workers Comp
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 28 / 2012
Transaction ID : SA11AI.35839
Amount of Each Receipt this Period 210.00
Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 719.61
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 OF 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Susan M Kalas
Full Name (Last, First, Middle Initial)

Mailing Address 10921 Cortland Ln

City State Zip Code
Huntley IL 60142

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR Manor Care, Inc. Director of Nursing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
361.09

Date of Receipt
09 / 28 / 2012
Transaction ID : SA11AI.35838

Amount of Each Receipt this Period
133.00

Bi-Weekly Payroll Deduction

B. Matthew Kang
Full Name (Last, First, Middle Initial)

Mailing Address 3214 Chapel Creek Drive

City State Zip Code
Perrysburg OH 43551

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR ManorCare Inc. Vice President and CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
07 / 19 / 2012
Transaction ID : SA11AI.35657

Amount of Each Receipt this Period
5000.00

Contribution

C. Linda Karling-Lott
Full Name (Last, First, Middle Initial)

Mailing Address 4361 Conrwallis Ct

City State Zip Code
Marietta GA 30068

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR Manor Care, Inc. Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
497.50

Date of Receipt
09 / 28 / 2012
Transaction ID : SA11AI.35837

Amount of Each Receipt this Period
170.00

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 5303.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 OF 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Mrs. Kathy Karr
Full Name (Last, First, Middle Initial)

Mailing Address 11977 Babbling Brook Rd

City Noblesville State IN Zip Code 46060

FEC ID number of contributing federal political committee. **C**

Name of Employer HCR Manor Care Inc. Occupation Senior Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **405.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2012
Transaction ID : SA11AI.35836

Amount of Each Receipt this Period
150.00

Bi-Weekly Payroll Deduction

B. Rodney S Keefer
Full Name (Last, First, Middle Initial)

Mailing Address 15126 Ridgeview Dr

City Clive State IA Zip Code 50325

FEC ID number of contributing federal political committee. **C**

Name of Employer HCR Manor Care, Inc. Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2012
Transaction ID : SA11AI.35832

Amount of Each Receipt this Period
140.00

Bi-Weekly Payroll Deduction

C. Dan Kight
Full Name (Last, First, Middle Initial)

Mailing Address 2013 Orchard Rd

City Toledo State OH Zip Code 43606

FEC ID number of contributing federal political committee. **C**

Name of Employer HCR ManorCare Inc. Occupation Mgr^ Pharmacy Ops Sprt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **595.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2012
Transaction ID : SA11AI.35831

Amount of Each Receipt this Period
280.00

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **570.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 OF 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Vivian Kiraly
Full Name (Last, First, Middle Initial)

Mailing Address 4254 Waterbend Drive West

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| Maumee | OH | 43537 |

FEC ID number of contributing federal political committee. **C**

| | |
|----------------------|---------------|
| Name of Employer | Occupation |
| HCR Manor Care, Inc. | Administrator |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **535.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2012
Transaction ID : SA11AI.35830

Amount of Each Receipt this Period
192.50

Bi-Weekly Payroll Deduction

B. Kathryn C Kondolf-Harmer
Full Name (Last, First, Middle Initial)

Mailing Address 6421 Crews Lake Hills Loop West

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| Lakeland | FL | 33813 |

FEC ID number of contributing federal political committee. **C**

| | |
|--------------------|---------------|
| Name of Employer | Occupation |
| HCR ManorCare Inc. | Administrator |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2012
Transaction ID : SA11AI.35826

Amount of Each Receipt this Period
140.00

Bi-Weekly Payroll Deduction

C. Mark Kruzel
Full Name (Last, First, Middle Initial)

Mailing Address 26215 Black Oak Ct

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Perrysburg | OH | 43551 |

FEC ID number of contributing federal political committee. **C**

| | |
|------------------|--------------------|
| Name of Employer | Occupation |
| HCR ManorCare | Accounting Manager |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2012
Transaction ID : SA11AI.35824

Amount of Each Receipt this Period
140.00

Bi-Weekly Payroll Deduction

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 472.50 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 29 OF 62 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Amy LaFleur | | Date of Receipt MM / DD / YYYY 09 / 28 / 2012 Transaction ID : SA11AI.35821 |
| Mailing Address 207 S. Ann Arbor St. | | Amount of Each Receipt this Period 134.61 |
| City Saline | State MI | Zip Code 48176 |
| FEC ID number of contributing federal political committee. C | Name of Employer HCR. Manor Care, Inc | Occupation Regional Director of Operations |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 273.07 | |
| | | Bi-Weekly Payroll Deduction |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Ryan Locy | | Date of Receipt MM / DD / YYYY 09 / 28 / 2012 Transaction ID : SA11AI.35819 |
| Mailing Address 1425 Cody Parkway Apt. D | | Amount of Each Receipt this Period 70.00 |
| City Platteville | State WI | Zip Code 53818 |
| FEC ID number of contributing federal political committee. C | Name of Employer HCR ManorCare | Occupation Administrator |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 256.96 | |
| | | Bi-Weekly Payroll Deduction |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Mr. Richard Louwaert | | Date of Receipt MM / DD / YYYY 09 / 28 / 2012 Transaction ID : SA11AI.35818 |
| Mailing Address PO Box 152 | | Amount of Each Receipt this Period 140.00 |
| City Decatur | State MI | Zip Code 49045 |
| FEC ID number of contributing federal political committee. C | Name of Employer HCR Manor Care, LLC. | Occupation Administrator |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 355.00 | |
| | | Bi-Weekly Payroll Deduction |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 344.61 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 OF 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Diane Lube
Full Name (Last, First, Middle Initial)

Mailing Address 1830 Essex Pl

City Downers Grove State IL Zip Code 60516

FEC ID number of contributing federal political committee. **C**

Name of Employer HCR ManorCare Inc. Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 09 / 28 / 2012
Transaction ID : SA11AI.35817

Amount of Each Receipt this Period
105.00

Bi-Weekly Payroll Deduction

B. Carrie Lund
Full Name (Last, First, Middle Initial)

Mailing Address 14802 Dunston Place

City Tampa State FL Zip Code 33618

FEC ID number of contributing federal political committee. **C**

Name of Employer HCR Manor Care, Inc. Occupation Sr. Administrator - Palm Harbor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **692.32**

Date of Receipt
 09 / 28 / 2012
Transaction ID : SA11AI.35815

Amount of Each Receipt this Period
192.34

Bi-Weekly Payroll Deduction

C. Lee Mahar
Full Name (Last, First, Middle Initial)

Mailing Address 1125 Windmill Way North

City Avon State OH Zip Code 44011

FEC ID number of contributing federal political committee. **C**

Name of Employer HCR ManorCare Occupation Admissions Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **207.87**

Date of Receipt
 09 / 28 / 2012
Transaction ID : SA11AI.35814

Amount of Each Receipt this Period
72.73

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **370.07**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Linda Mason
 Full Name (Last, First, Middle Initial)
 Mailing Address 3126 Diehn Ave
 City Davenport State IA Zip Code 52802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR Manor Care, Inc. Occupation Director of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **335.00**

Date of Receipt **09 / 28 / 2012**
Transaction ID : SA11AI.35811
 Amount of Each Receipt this Period **70.00**
 Bi-Weekly Payroll Deduction

B. Nancy Mason
 Full Name (Last, First, Middle Initial)
 Mailing Address 56 Holden Dr
 City Martinsburg State WV Zip Code 25401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR. Manor Care, Inc Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **380.00**

Date of Receipt **09 / 28 / 2012**
Transaction ID : SA11AI.35810
 Amount of Each Receipt this Period **175.00**
 Bi-Weekly Payroll Deduction

C. Frederick Massoll
 Full Name (Last, First, Middle Initial)
 Mailing Address 2031 Raby Rd
 City Haslett State MI Zip Code 48840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR. Manor Care, Inc Occupation Administrartor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **230.00**

Date of Receipt **09 / 28 / 2012**
Transaction ID : SA11AI.35809
 Amount of Each Receipt this Period **105.00**
 Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **350.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 32 OF 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Frances Mastel | | Date of Receipt 09 / 28 / 2012 Transaction ID : SA11AI.35808 |
| Mailing Address 1807 Derian Drive | | Amount of Each Receipt this Period 140.00 |
| City Aberdeen | State SD | Zip Code 57401 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer HCR Manor Care, Inc. | Occupation Administrator | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 340.00 | |
| Bi-Weekly Payroll Deduction | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Ms. Janet Mastrangelo (Howells) | | Date of Receipt 09 / 28 / 2012 Transaction ID : SA11AI.35807 |
| Mailing Address 266 Crossing Creek North | | Amount of Each Receipt this Period 539.00 |
| City Gahanna | State OH | Zip Code 43230 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer HCR ManorCare, Inc. | Occupation Assistant Vice President of Rehab | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1001.00 | |
| Bi-Weekly Payroll Deduction | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Jill Matelan | | Date of Receipt 09 / 28 / 2012 Transaction ID : SA11AI.35806 |
| Mailing Address 312 N. Franklin St | | Amount of Each Receipt this Period 199.78 |
| City Fleetwood | State PA | Zip Code 19522 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer HCR Manor Care, Inc | Occupation Administrator - Sinking Spring | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 509.80 | |
| Bi-Weekly Payroll Deduction | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 878.78 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 33 OF 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)
A. Patricia McCormick

Mailing Address 113 Holly Lane

City State Zip Code
Perrysburg OH 43551

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR Manor Care, Inc Legal Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
468.00

Date of Receipt
09 / 28 / 2012
Transaction ID : SA11AI.35803

Amount of Each Receipt this Period
252.00

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)
B. Laurie A McCullough-Benner

Mailing Address 371 Colonial Lane

City State Zip Code
Dayton OH 45429

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR ManorCare Regional Director of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
558.00

Date of Receipt
09 / 28 / 2012
Transaction ID : SA11AI.35802

Amount of Each Receipt this Period
434.00

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)
C. Murry Mercier

Mailing Address 7110 Oak Bluff Lane

City State Zip Code
Maumee OH 43537

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR Manor Care, Inc. VP - Information Systems

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2692.23

Date of Receipt
09 / 28 / 2012
Transaction ID : SA11AI.35799

Amount of Each Receipt this Period
1346.10

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 2032.10

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 34 OF 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Debra Miles
Full Name (Last, First, Middle Initial)
Mailing Address 7448 Hickory Valley Drive

| | | |
|----------------|-------------|-------------------|
| City Maumee | State OH | Zip Code 43537 |
|----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer HCR ManorCare Inc. | Occupation AVP & Director of Accounting |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
585.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 28 | / | 2012 |

Transaction ID : SA11AI.35797

Amount of Each Receipt this Period
315.00

Bi-Weekly Payroll Deduction

B. Scott Miller
Full Name (Last, First, Middle Initial)
Mailing Address 198 Old Mill Drive

| | | |
|-------------------|-------------|-------------------|
| City Langhorne | State PA | Zip Code 19047 |
|-------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--------------------------------|
| Name of Employer HCR ManorCare Inc. | Occupation Sr Administrator |
|--|--------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1034.15

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 28 | / | 2012 |

Transaction ID : SA11AI.35795

Amount of Each Receipt this Period
364.00

Bi-Weekly Payroll Deduction

C. Ms Susan Morey
Full Name (Last, First, Middle Initial)
Mailing Address 308 Shelly Drive

| | | |
|------------------------|-------------|-------------------|
| City Sinking Spring | State PA | Zip Code 19608 |
|------------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|---|
| Name of Employer HCR.ManorCare, Inc. | Occupation Regional Director of Operations |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 16 | / | 2012 |

Transaction ID : SA11AI.35655

Amount of Each Receipt this Period
1500.00

Contribution

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2179.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 35 OF 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Mr. Tom Myers
Full Name (Last, First, Middle Initial)

Mailing Address 24927 Prairie Crossing

City Perrysburg State OH Zip Code 43551

FEC ID number of contributing federal political committee. **C**

Name of Employer HCR Manor Care, Inc. Occupation Director of Ops Support - Central

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **505.00**

Date of Receipt **09 / 28 / 2012**
Transaction ID : SA11AI.35788

Amount of Each Receipt this Period **175.00**

Bi-Weekly Payroll Deduction

B. Ms Joylin Nation
Full Name (Last, First, Middle Initial)

Mailing Address 15985 Voyageurs Place

City West Palm Beach State FL Zip Code 33414

FEC ID number of contributing federal political committee. **C**

Name of Employer HCR Manor Care, Inc. Occupation Senior Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **769.20**

Date of Receipt **09 / 28 / 2012**
Transaction ID : SA11AI.35787

Amount of Each Receipt this Period **269.22**

Bi-Weekly Payroll Deduction

C. Kristin R Nesser
Full Name (Last, First, Middle Initial)

Mailing Address 3117 Yale Blvd.

City St. Charles State MT Zip Code 63301

FEC ID number of contributing federal political committee. **C**

Name of Employer HCR ManorCare Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **09 / 28 / 2012**
Transaction ID : SA11AI.35785

Amount of Each Receipt this Period **140.00**

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **584.22**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 36 OF 62 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Linda Neumann
Full Name (Last, First, Middle Initial)

Mailing Address 28 Roslyn Road

City State Zip Code
Grosse Pointe Shor MI 48236

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR ManorCare Inc. Regional Director of Operation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1827.02

Date of Receipt
MM / DD / YYYY
09 / 28 / 2012
Transaction ID : SA11AI.35784

Amount of Each Receipt this Period
942.34

Bi-Weekly Payroll Deduction

B. Nashika T O'Gilvie
Full Name (Last, First, Middle Initial)

Mailing Address 1823 N. Congress Ave

City State Zip Code
West Palm Beach FL 33401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR Manor Care, Inc. Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
243.70

Date of Receipt
MM / DD / YYYY
09 / 28 / 2012
Transaction ID : SA11AI.35777

Amount of Each Receipt this Period
170.59

Bi-Weekly Payroll Deduction

C. Eric O'Neill
Full Name (Last, First, Middle Initial)

Mailing Address 4009 East Braeburn Dr

City State Zip Code
Appleton WI 54913

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR ManorCare Regional Director of Operation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
884.60

Date of Receipt
MM / DD / YYYY
09 / 28 / 2012
Transaction ID : SA11AI.35775

Amount of Each Receipt this Period
309.61

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 1422.54

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 37 OF 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Ms Olivia O'Nest | | Date of Receipt MM / DD / YYYY 09 / 28 / 2012 Transaction ID : SA11AI.35774 |
| Mailing Address 191 Foxhill Ln | | Amount of Each Receipt this Period 854.00 |
| City Perrysburg | State OH | Zip Code 43551 |
| FEC ID number of contributing federal political committee. C | Name of Employer HCR Manor Care, LLC. | Occupation DDOS |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 233.46 | |
| Bi-Weekly Payroll Deduction | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Ms Leslie Ohm | | Date of Receipt MM / DD / YYYY 09 / 28 / 2012 Transaction ID : SA11AI.35776 |
| Mailing Address 12331 South 71st Avenue | | Amount of Each Receipt this Period 350.00 |
| City Palos Heights | State IL | Zip Code 60463 |
| FEC ID number of contributing federal political committee. C | Name of Employer HCR.ManorCare, Inc. | Occupation Regional Director of Operations |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1130.00 | |
| Bi-Weekly Payroll Deduction | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Ms. Annette Orlowski | | Date of Receipt MM / DD / YYYY 09 / 28 / 2012 Transaction ID : SA11AI.35773 |
| Mailing Address 2664 Heytman Dr | | Amount of Each Receipt this Period 434.00 |
| City Lansing | State IA | Zip Code 52151 |
| FEC ID number of contributing federal political committee. C | Name of Employer HCR.ManorCare, Inc. | Occupation Director, Clinical Services |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1277.66 | |
| Bi-Weekly Payroll Deduction | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 854.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 38 OF 62 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Richard A Parr II | | Date of Receipt MM / DD / YYYY 09 / 28 / 2012 Transaction ID : SA11AI.35771 |
| Mailing Address 2253 Gray Fox Court | | Amount of Each Receipt this Period 1344.00 |
| City Ann Arbor | State MI | Zip Code 48103 |
| FEC ID number of contributing federal political committee. C | Name of Employer HCR Manor Care, Inc. | Occupation VP - General Counsel & Secretary |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 3840.00 | |
| Bi-Weekly Payroll Deduction | | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Tracy L Peterson | | Date of Receipt MM / DD / YYYY 09 / 28 / 2012 Transaction ID : SA11AI.35769 |
| Mailing Address 6865 Poplar Drive | | Amount of Each Receipt this Period 147.35 |
| City Ypsilanti | State MI | Zip Code 48197 |
| FEC ID number of contributing federal political committee. C | Name of Employer HCR ManorCare | Occupation Administrator |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 273.65 | |
| Bi-Weekly Payroll Deduction | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Luke T Pile | | Date of Receipt MM / DD / YYYY 09 / 28 / 2012 Transaction ID : SA11AI.35768 |
| Mailing Address 716B Main St | | Amount of Each Receipt this Period 83.61 |
| City Bethlehem | State PA | Zip Code 18018 |
| FEC ID number of contributing federal political committee. C | Name of Employer HCR ManorCare Inc. | Occupation Administrator |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 445.92 | |
| Bi-Weekly Payroll Deduction | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1574.96 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)
A. Alyssa N Pischel

Mailing Address 55 S. Bear Lake Rd.

City State Zip Code
N. Muskegon MI 49445

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR ManorCare Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2012
Transaction ID : SA11AI.35767

Amount of Each Receipt this Period
153.65

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)
B. Clifton J Porter II

Mailing Address 3929 Azalea Circle

City State Zip Code
Maumee OH 43537

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR ManorCare Inc. AVP^ Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1792.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2012
Transaction ID : SA11AI.35766

Amount of Each Receipt this Period
700.00

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)
C. Douglas M Postlewait

Mailing Address 656 Wilson Ave SW

City State Zip Code
Grand Rapids MI 49534

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HCR ManorCare Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
484.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2012
Transaction ID : SA11AI.35765

Amount of Each Receipt this Period
260.82

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 1114.47

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 40 OF 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Mr. Stewart Reed | | Date of Receipt 09 / 28 / 2012 Transaction ID : SA11AI.35764 |
| Mailing Address 402 Wesley Dr | | Amount of Each Receipt this Period 267.75 |
| City Salisbury | State NC | Zip Code 28146 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer HCR Manor Care, LLC. | Occupation RDO | Bi-Weekly Payroll Deduction |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 551.08 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Margaret A Reitmeyer | | Date of Receipt 09 / 28 / 2012 Transaction ID : SA11AI.35762 |
| Mailing Address 13 Gregory Drive | | Amount of Each Receipt this Period 260.89 |
| City Kenvil | State NJ | Zip Code 07847 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer HCR Manor Care, Inc. | Occupation Regional Director of Operations | Bi-Weekly Payroll Deduction |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 742.70 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Patricia B Richards | | Date of Receipt 09 / 28 / 2012 Transaction ID : SA11AI.35760 |
| Mailing Address P.O. Box 754 | | Amount of Each Receipt this Period 172.50 |
| City Shady Spring | State WV | Zip Code 25918 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer HCR Manor Care, Inc. | Occupation Area Human Resource Director | Bi-Weekly Payroll Deduction |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 518.50 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 701.14 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 41 OF 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Damian M Rodgers
Full Name (Last, First, Middle Initial)

Mailing Address 4647 Calico Court

| | | |
|------------------|-------------|-------------------|
| City Monclova | State OH | Zip Code 43542 |
|------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|-----------------------------|
| Name of Employer HCR Manor Care, Inc. | Occupation Legal Counsel |
|--|-----------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 28 | / | 2012 |

Transaction ID : SA11AI.35756

Amount of Each Receipt this Period

| |
|--------|
| 294.00 |
|--------|

Bi-Weekly Payroll Deduction

B. Cindy A Rogowski
Full Name (Last, First, Middle Initial)

Mailing Address 6050 Helen

| | | |
|---------------------|-------------|-------------------|
| City Garden City | State MI | Zip Code 48135 |
|---------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|-----------------------------|
| Name of Employer HCR ManorCare Inc. | Occupation Administrator |
|--|-----------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 28 | / | 2012 |

Transaction ID : SA11AI.35754

Amount of Each Receipt this Period

| |
|--------|
| 140.00 |
|--------|

Bi-Weekly Payroll Deduction

C. David R Roth
Full Name (Last, First, Middle Initial)

Mailing Address 5257 Bentwood Drive

| | | |
|---------------|-------------|-------------------|
| City Mason | State OH | Zip Code 45040 |
|---------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|------------------------------------|
| Name of Employer HCR ManorCare Inc. | Occupation Director Of Planning |
|--|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **963.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 28 | / | 2012 |

Transaction ID : SA11AI.35753

Amount of Each Receipt this Period

| |
|--------|
| 357.00 |
|--------|

Bi-Weekly Payroll Deduction

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 791.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 42 OF 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Mr. Rick Rump | | Date of Receipt |
| Mailing Address 2423 Heather Glen | | <input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2012"/> |
| City Maumee State OH Zip Code 43537 | | Transaction ID : SA11AI.35752 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period <input type="text" value="397.25"/> |
| Name of Employer HCR.ManorCare, Inc. | Occupation Director of Corporate Communications | Bi-Weekly Payroll Deduction |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="1015.57"/> | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Mary Jane Ruppert | | Date of Receipt |
| Mailing Address 603 North Blackhoof St. | | <input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2012"/> |
| City Wapakoneta State OH Zip Code 45895 | | Transaction ID : SA11AI.35751 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period <input type="text" value="285.60"/> |
| Name of Employer HCR ManorCare | Occupation Sr Dir 4H Compliance and Edu | Bi-Weekly Payroll Deduction |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="535.24"/> | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Angela G Russo | | Date of Receipt |
| Mailing Address 4950 Cypress Pike Circle Unit 101 | | <input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2012"/> |
| City Virginia Beach State VA Zip Code 23455 | | Transaction ID : SA11AI.35750 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period <input type="text" value="442.68"/> |
| Name of Employer HCR Manor Care, Inc. | Occupation Gen Mgr Central Div 4H | Bi-Weekly Payroll Deduction |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="1272.40"/> | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="1125.53"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text" value=""/> |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 43 OF 62 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Deborah Schlosser
 Full Name (Last, First, Middle Initial)
 Mailing Address 2432 21st Street
 City Wyandotte State MI Zip Code 48192
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare Occupation Regional Director of Operation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 524.98

Date of Receipt 09 / 28 / 2012
Transaction ID : SA11AI.35747
 Amount of Each Receipt this Period 202.98
 Bi-Weekly Payroll Deduction

B. Mr. Mark Schroepfer
 Full Name (Last, First, Middle Initial)
 Mailing Address 2328 Bonnie Brae
 City Santa Ana State CA Zip Code 92706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare, Inc. Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2012
Transaction ID : SA11AI.35746
 Amount of Each Receipt this Period 175.00
 Bi-Weekly Payroll Deduction

C. Mr. Edward Schuch
 Full Name (Last, First, Middle Initial)
 Mailing Address 304 Adriana Court
 City Northampton State PA Zip Code 18067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR Manor Care, Inc. Occupation Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 528.73

Date of Receipt 09 / 28 / 2012
Transaction ID : SA11AI.35745
 Amount of Each Receipt this Period 190.47
 Bi-Weekly Payroll Deduction

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 568.45 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 44 OF 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)
A. Gregory Seiple

Mailing Address 21 Southgate Dr

City Lebanon State PA Zip Code 17042

FEC ID number of contributing federal political committee. **C**

Name of Employer HCR Manor Care, Inc. Occupation Senior Consultant Systems

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **09 / 28 / 2012**

Transaction ID : SA11AI.35742

Amount of Each Receipt this Period **120.00**

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)
B. James Seiwert

Mailing Address 5 Zachary Circle

City Waterville State OH Zip Code 43566

FEC ID number of contributing federal political committee. **C**

Name of Employer HCR ManorCare Occupation Business Office Proc Special

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **224.08**

Date of Receipt **09 / 28 / 2012**

Transaction ID : SA11AI.35741

Amount of Each Receipt this Period **80.78**

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)
C. Ms Joyce Louise Smith

Mailing Address 3521 Cedar Creek Court

City Maumee State OH Zip Code 43537

FEC ID number of contributing federal political committee. **C**

Name of Employer HCR.ManorCare, Inc. Occupation Vice President, Director Clinical Serv

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1937.00**

Date of Receipt **09 / 28 / 2012**

Transaction ID : SA11AI.35739

Amount of Each Receipt this Period **756.00**

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **956.78**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 45 OF 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)
A. David W Snyder Jr

Mailing Address 3117 Terry Dr. SE

City Cedar Rapids State IA Zip Code 52403

FEC ID number of contributing federal political committee. **C**

Name of Employer HCR ManorCare Inc. Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2012
Transaction ID : SA11AI.35738

Amount of Each Receipt this Period
105.00

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)
B. Melissa Sorensen

Mailing Address 816 Lake Shore Terrace

City Interlachen State FL Zip Code 32148

FEC ID number of contributing federal political committee. **C**

Name of Employer HCR ManorCare Occupation Director Clinical Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1340.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2012
Transaction ID : SA11AI.35737

Amount of Each Receipt this Period
700.00

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)
C. Jeffrey J Stepanski

Mailing Address 120 Heidi Circle

City Carson City State NV Zip Code 89701

FEC ID number of contributing federal political committee. **C**

Name of Employer HCR ManorCare Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **391.08**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2012
Transaction ID : SA11AI.35735

Amount of Each Receipt this Period
228.13

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ **1033.13**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 46 OF 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Mr. Alan Stewart
Full Name (Last, First, Middle Initial)

Mailing Address 571 Dorado Dr

City Fairborn State OH Zip Code 45324

FEC ID number of contributing federal political committee. **C**

Name of Employer HCR Manor Care, LLC. Occupation Employee Relations Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2012
Transaction ID : SA11AI.35734

Amount of Each Receipt this Period
140.00

Bi-Weekly Payroll Deduction

B. Jane L Stilwell
Full Name (Last, First, Middle Initial)

Mailing Address 2351 S. Rogers

City Springfield State MO Zip Code 65804

FEC ID number of contributing federal political committee. **C**

Name of Employer HCR Manor Care, Inc. Occupation Mobile Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2012
Transaction ID : SA11AI.35730

Amount of Each Receipt this Period
350.00

Bi-Weekly Payroll Deduction

C. Anthony J Stinson
Full Name (Last, First, Middle Initial)

Mailing Address 3 Lynnefield Court

City Medford State NJ Zip Code 08055

FEC ID number of contributing federal political committee. **C**

Name of Employer HCR ManorCare Inc. Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **287.68**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2012
Transaction ID : SA11AI.35729

Amount of Each Receipt this Period
105.00

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ **595.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 47 OF 62 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Sherri L Stoltzfus
 Full Name (Last, First, Middle Initial)
 Mailing Address 119 East Manor Dr.
 City Lititz State PA Zip Code 17543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR Manor Care, Inc. Occupation Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **407.85**

Date of Receipt **09 / 28 / 2012**
Transaction ID : SA11AI.35728
 Amount of Each Receipt this Period **155.47**
 Bi-Weekly Payroll Deduction

B. Colette Storck
 Full Name (Last, First, Middle Initial)
 Mailing Address 28490 Wynikako Ave
 City Millsboro State DE Zip Code 19966
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR Manor Care, LLC. Occupation Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **510.00**

Date of Receipt **09 / 28 / 2012**
Transaction ID : SA11AI.35727
 Amount of Each Receipt this Period **210.00**
 Bi-Weekly Payroll Deduction

C. Evelyn Tagudtud
 Full Name (Last, First, Middle Initial)
 Mailing Address 9177 Sweet Berry Court
 City Jacksonville State FL Zip Code 32256
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR Manor Care, Inc. Occupation Admin Director of Nursing Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **226.68**

Date of Receipt **09 / 28 / 2012**
Transaction ID : SA11AI.35726
 Amount of Each Receipt this Period **132.23**
 Bi-Weekly Payroll Deduction

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 497.70 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 48 OF 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Mr. Eric Talbert | | Date of Receipt MM / DD / YYYY 09 / 28 / 2012 Transaction ID : SA11AI.35725 |
| Mailing Address 7231 Stonewater Ct | | Amount of Each Receipt this Period 140.00 |
| City Maumee | State OH | Zip Code 43537 |
| FEC ID number of contributing federal political committee. C | Name of Employer HCR Manor Care, Inc. | Occupation Div. Director of Operations Support |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |
| Bi-Weekly Payroll Deduction | | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Aimee Mitchell Talbot | | Date of Receipt MM / DD / YYYY 09 / 28 / 2012 Transaction ID : SA11AI.35724 |
| Mailing Address 6900 Stanfield Rd SE | | Amount of Each Receipt this Period 140.00 |
| City Lacey | State WA | Zip Code 98503 |
| FEC ID number of contributing federal political committee. C | Name of Employer HCR ManorCare | Occupation Admin Dir Of Nursing Services |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 220.00 | |
| Bi-Weekly Payroll Deduction | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Cyndi K Taplin | | Date of Receipt MM / DD / YYYY 09 / 28 / 2012 Transaction ID : SA11AI.35722 |
| Mailing Address 5023 W. 59th St | | Amount of Each Receipt this Period 538.44 |
| City Davenport | State IA | Zip Code 52806 |
| FEC ID number of contributing federal political committee. C | Name of Employer HCR Manor Care, Inc. | Occupation Regional Director of Ops |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1419.96 | |
| Bi-Weekly Payroll Deduction | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 818.44 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 49 OF 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Lauren Thomson | | Date of Receipt |
| Mailing Address 215 Bank St | | <input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2012"/> |
| City | State | Zip Code |
| East Greenville | PA | 18041 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.35720 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| HCR ManorCare | Admin Dir Of Nursing Services | <input type="text" value="110.39"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | Bi-Weekly Payroll Deduction |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="308.61"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Rami Ubaydi | | Date of Receipt |
| Mailing Address 6519 Chatham Circle | | <input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2012"/> |
| City | State | Zip Code |
| Rochester Hills | MI | 48306 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.35717 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| HCR Manor Care, Inc. | Regional Director of Operations | <input type="text" value="511.63"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | Bi-Weekly Payroll Deduction |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="1448.22"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Susan Ward | | Date of Receipt |
| Mailing Address 12 Arapaho | | <input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2012"/> |
| City | State | Zip Code |
| Shawnee | OK | 74801 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.35715 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| HCR Manor Care, Inc. | Administrator | <input type="text" value="195.16"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | Bi-Weekly Payroll Deduction |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="557.60"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="817.18"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 50 OF 62 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. Toni Y Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 141 Boiling Spring Cir
 City Southern Pines State NC Zip Code 28387
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare Inc. Occupation Admin Dir Of Nursing Serv
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **09 / 28 / 2012**
Transaction ID : SA11AI.35714
 Amount of Each Receipt this Period **120.00**
 Bi-Weekly Payroll Deduction

B. Benjuiman Young
 Full Name (Last, First, Middle Initial)
 Mailing Address 7822 NE 24th Ct.
 City Vancouver State WA Zip Code 98665
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare Occupation Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **612.90**

Date of Receipt **09 / 28 / 2012**
Transaction ID : SA11AI.35712
 Amount of Each Receipt this Period **212.03**
 Bi-Weekly Payroll Deduction

C. Julie A Yoxtheimer
 Full Name (Last, First, Middle Initial)
 Mailing Address 249 E Pearl St
 City Findlay State OH Zip Code 45840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCR ManorCare Inc. Occupation Sr Reimbursement Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **409.00**

Date of Receipt **09 / 28 / 2012**
Transaction ID : SA11AI.35711
 Amount of Each Receipt this Period **175.00**
 Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **507.03**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 51 OF 62 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Cynthia M Zalewski | | Date of Receipt |
| Mailing Address 3845 Drummond Rd | | <input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2012"/> |
| City Toledo State OH Zip Code 43613 | | Transaction ID : SA11AI.35710 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period <input type="text" value="403.83"/> |
| Name of Employer HCR ManorCare Inc. | Occupation Senior Attorney | Bi-Weekly Payroll Deduction |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="1015.38"/> | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Daniel A Zawadzki | | Date of Receipt |
| Mailing Address 18910 Mallard Cove | | <input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2012"/> |
| City Middleburg Heights State OH Zip Code 44130 | | Transaction ID : SA11AI.35708 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period <input type="text" value="140.00"/> |
| Name of Employer HCR Manor Care, Inc. | Occupation Administrator | Bi-Weekly Payroll Deduction |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="400.00"/> | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. | | Date of Receipt |
| Mailing Address | | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| City State Zip Code | | |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period <input type="text"/> |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text"/> | |

| | |
|--|---------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="543.83"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text" value="44953.96"/> |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. AMERICA'S LEADERSHIP PAC

Mailing Address 700 13TH STREET, NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Contribution requested 9-27-12

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

012
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2012

Transaction ID : SB23.35731

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. BEN CARDIN FOR SENATE

Mailing Address P.O. BOX 21093

City CATONSVILLE State MD Zip Code 21228

Purpose of Disbursement

Candidate Name
BENJAMIN L CARDIN

Office Sought: House
 Senate
 President
State: MD District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

010
Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 24 / 2012

Transaction ID : SB23.35660

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

C. DAVID RIVERA FOR CONGRESS

Mailing Address P.O. BOX 520633

City MIAMI State FL Zip Code 33152

Purpose of Disbursement
Contribution for event held 7/9/12

Candidate Name
DAVID RIVERA

Office Sought: House
 Senate
 President
State: FL District: 26

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 09 / 2012

Transaction ID : SB23.35640

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 SOUTH CAPITOL STREET, SE
2ND FLOOR

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Committee Donation for event held 7/10/12

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

012
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y
07 / 02 / 2012

Transaction ID : SB23.35562

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 SOUTH CAPITOL STREET, SE
2ND FLOOR

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Committee Donation requested 8-3-12

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

012
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y
08 / 06 / 2012

Transaction ID : SB23.35665

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 SOUTH CAPITOL STREET, SE
2ND FLOOR

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Committee Donation for event held Friday, September 14, 2012

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

012
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y
09 / 10 / 2012

Transaction ID : SB23.35702

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

12500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. DENNY HECK FOR CONGRESS

Mailing Address PO BOX 235

City OLYMPIA State WA Zip Code 98507

Purpose of Disbursement
Contribution for event held Wednesday, September 12, 2012

Candidate Name
DENNIS HECK

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: WA District: 10

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 0 | | 2 | 0 | 1 | 2 |

Transaction ID : **SB23.35701**

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. FRIENDS OF MIKE TURZAI

Mailing Address 125 Hillvue Ln

City Pittsburgh State PA Zip Code 15237

Purpose of Disbursement
contribution requested 9-21-12

Candidate Name
TURNER FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 5 | | 2 | 0 | 1 | 2 |

Transaction ID : **SB23.35733**

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

C. LATHAM FOR CONGRESS

Mailing Address PO BOX 8237

City DES MOINES State IA Zip Code 50301

Purpose of Disbursement
Contribution for event held 8/14/12

Candidate Name
THOMAS LATHAM

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: IA District: 03

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 0 | 9 | | 2 | 0 | 1 | 2 |

Transaction ID : **SB23.35675**

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. LATTA FOR CONGRESS

Mailing Address PO BOX 106

City BOWLING GREEN State OH Zip Code 43402

Purpose of Disbursement
Contribution Requested 9/14/12

Candidate Name
ROBERT EDWARD MR LATTA

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: OH District: 05

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2012

Transaction ID : SB23.35704

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. LEVIN FOR CONGRESS

Mailing Address PO BOX 37

City ROSEVILLE State MI Zip Code 48066

Purpose of Disbursement
Contribution for event 8/24/12

Candidate Name
SANDER M MR LEVIN

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: MI District: 09

Date of Disbursement

MM / DD / YYYY
08 / 16 / 2012

Transaction ID : SB23.35681

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MANCHIN HEINRICH VICTORY FUND

Mailing Address 709A 8TH ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Refund of Donation made on 6/6/12

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2012

Transaction ID : SB23.35654

Amount of Each Disbursement this Period

-2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
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| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 19 | | 2012 |

Mailing Address 425 SECOND STREET NE

Transaction ID : SB23.35656

City WASHINGTON State DC Zip Code 20002

Amount of Each Disbursement this Period

| |
|----------|
| 7,500.00 |
|----------|

Purpose of Disbursement
Committee Donation

| |
|-------------------|
| 012 |
| Category/ Type |

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. REPUBLICAN PARTY OF WISCONSIN

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 17 | | 2012 |

Mailing Address 148 E. JOHNSON STREET

Transaction ID : SB23.35705

City MADISON State WI Zip Code 53703

Amount of Each Disbursement this Period

| |
|----------|
| 2,000.00 |
|----------|

Purpose of Disbursement

| |
|-------------------|
| 012 |
| Category/ Type |

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. TOMMY THOMPSON FOR SENATE INC

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 10 | | 2012 |

Mailing Address PO BOX 2539

Transaction ID : SB23.35694

City MADISON State WI Zip Code 53701

Amount of Each Disbursement this Period

| |
|----------|
| 5,000.00 |
|----------|

Purpose of Disbursement
Contribution for event held Wednesday, September 12, 2012

| |
|-------------------|
| 011 |
| Category/ Type |

Candidate Name

TOMMY G THOMPSON

Office Sought: House Senate President
State: WI District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| |
|----------|
| 14500.00 |
|----------|

| |
|----------|
| 35500.00 |
|----------|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Citizens for Gardner Committee

Mailing Address 431 N. Prospect St.

City Bowling Green State OH Zip Code 43402

Purpose of Disbursement
Donation

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | / | 20 | / | 2012 |

Transaction ID : SB29.35683

Amount of Each Disbursement this Period

| |
|--------------------------------------|
| <input type="text" value="2000.00"/> |
|--------------------------------------|

Full Name (Last, First, Middle Initial)

B. Citizens for Rob Hogg

Mailing Address 2750 Otis Rd SE

City Cedar Rapids State IA Zip Code 52403

Purpose of Disbursement
Donation

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | / | 06 | / | 2012 |

Transaction ID : SB29.35671

Amount of Each Disbursement this Period

| |
|-------------------------------------|
| <input type="text" value="250.00"/> |
|-------------------------------------|

Full Name (Last, First, Middle Initial)

C. Committee to Elect Chris Widener

Mailing Address 23 South Center Street
Suite 103

City Springfield State OH Zip Code 45502

Purpose of Disbursement
Donation

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | / | 15 | / | 2012 |

Transaction ID : SB29.35677

Amount of Each Disbursement this Period

| |
|--------------------------------------|
| <input type="text" value="1000.00"/> |
|--------------------------------------|

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| |
|--------------------------------------|
| <input type="text" value="3250.00"/> |
|--------------------------------------|

| |
|----------------------|
| <input type="text"/> |
|----------------------|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. COMMITTEE TO ELECT CLIFF HITE

Mailing Address 2417 WESTMOOR ROAD

City State Zip Code
FINDLAY OH 45840

Purpose of Disbursement
Donation

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.35685

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Committee to Elect Tyler Olson

Mailing Address PO Box 2389

City State Zip Code
Cedar Rapids IA 52406

Purpose of Disbursement
Donation

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.35673

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Cownie for Statehouse

Mailing Address 4109 Timberwood Dr

City State Zip Code
West Des Moines IA 50265

Purpose of Disbursement
Contribution Requested 7/9/12

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.35644

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
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| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Friends of Dominic Pileggi

Mailing Address 323 West Front Street

City State Zip Code
Media PA 19063

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2012

Transaction ID : SB29.35662

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Friends of Faber

Mailing Address 7706 State Route 703

City State Zip Code
Celina OH 45822

Purpose of Disbursement
Donation

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2012

Transaction ID : SB29.35676

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Faber

Mailing Address 7706 State Route 703

City State Zip Code
Celina OH 45822

Purpose of Disbursement
Donation

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 20 / 2012

Transaction ID : SB29.35684

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

5500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Friends of Jim Lykam

Mailing Address 2906 W. 35th St.

City Davenport State IA Zip Code 52806

Purpose of Disbursement
Contribution Requested 7/9/12

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 09 / 2012

Transaction ID : SB29.35647

Amount of Each Disbursement this Period

250.00

B. Hagenow for Iowa House

Mailing Address 1915 69th St.

City Windsor Heights State IA Zip Code 50322

Purpose of Disbursement
Contribution Requested 7/9/12

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 09 / 2012

Transaction ID : SB29.35646

Amount of Each Disbursement this Period

250.00

C. IOWA HEALTH PAC

Mailing Address 1775 90th St

City West Des Moines State IA Zip Code 50266

Purpose of Disbursement
Donation

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 06 / 2012

Transaction ID : SB29.35666

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Murphy for State Representative

Mailing Address 155 N Grandview Ave

City State Zip Code
Dubuque IA 52001

Purpose of Disbursement
Contribution Requested 7/9/12

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /
07 / 09 / 2012

Transaction ID : SB29.35652

Amount of Each Disbursement this Period

250.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Re-election of Wally Horn Committee

Mailing Address 101 Stoney Point Rd SW

City State Zip Code
Cedar Rapids IA 52404

Purpose of Disbursement
Donation

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /
08 / 06 / 2012

Transaction ID : SB29.35672

Amount of Each Disbursement this Period

250.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Thede for Iowa Families

Mailing Address 2343 Hawthorne Ct.

City State Zip Code
Bettendorf IA 52722

Purpose of Disbursement
Contribution Requested 7/9/12

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /
07 / 09 / 2012

Transaction ID : SB29.35648

Amount of Each Disbursement this Period

250.00

Category/
Type

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

750.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Tom Corbett for Governor

Mailing Address P.O. Box 1145

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement
Contribution requested 8/1/12

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

08 / 06 / 2012

Transaction ID : SB29.35663

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Walt Rogers for Iowa

Mailing Address 4202 Briarwood Dr

City Cedar Falls State IA Zip Code 50613

Purpose of Disbursement
Contribution Requested 7/9/12

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

07 / 09 / 2012

Transaction ID : SB29.35653

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

5250.00

19750.00